



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

MORTGAGE BROKER OFFICE CLOSURE/LICENSE SURRENDER FORM

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

1. Books and records must be accessible to DFI (in Washington state, unless special permission) in compliance with RCW 19.146.060. Written notice must be sent to DFI informing change of location or custodian of records.
2. Contact Dept. of Revenue, Unclaimed Property Division, for instructions about any unclaimed trust account funds.
3. Surrender the original Mortgage Broker license issued to this location.
4. All principals (10% control or more) and the Designated Broker must sign the non-violation statement. Make copies if more room is needed.
5. Pay assessment of \$530.86. Make check payable to "Washington State Treasurer"

PLEASE CHECK APPLICABLE BOX:

☐ MAIN OFFICE

☐ BRANCH OFFICE

EFFECTIVE DATE OF CHANGE _____

MORTGAGE BROKER COMPANY NAME: _____

TRADE NAME _____

LICENSE NUMBER _____

PHYSICAL ADDRESS:

Of location closing

City County State Zip

CUSTODIAN OF RECORDS:

in accordance with RCW 19.146.060

Last Name

First

Middle

MAILING ADDRESS:

City County State Zip

Phone Fax e-mail address

LOCATION OF RECORDS:

PHYSICAL ADDRESS:

City County State Zip

NON-VIOLATION STATEMENT:

The undersigned hereby declares intent to operate in compliance with chapter 19.146 RCW, the Mortgage Broker Practices Act of Washington. I will not hold myself out as able to perform the duties of a mortgage broker unless and until such time as I have secured a position as a bona fide employee or independent contractor of a licensed or exempt mortgage broker.

Signature of Authorized Official

Signature of Authorized Official

Printed name of Authorized Official

Printed name of Authorized Official